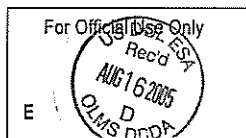


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18127	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Jeffrey S Isaacson P.O. Box, Bldg., Room No., if any Street 12 East Erie Street City Chicago State Illinois ZIP Code + 4 60611	4. Name, file number, and address of labor organization. Name Chicago Regional Council of Carpenters Labor Organization File Number 001-949 P.O. Box, Building and Room Number, if any Street 12 E. Erie Street City Chicago State Illinois ZIP Code + 4 60611
5. Position in labor organization. First Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 8/10/05 Date	(312) 787-3076 Telephone Number

Name of Person Filing Jeffrey Isaacson	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Whitfield & McGann</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any Suite 1601</p> <p>Street Two North LaSalle</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Business Meals & Promotion</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$400</p> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Goldberg Weisman and Cairo</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any 34 th floor</p> <p>Street One East Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p>	<p>14.a. Nature of payment.</p> <p>Business meals and promotion</p> <hr/>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$250</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Hunt Insurance Agency

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12000 South Harlem Avenue

City Palos Heights

State Illinois

ZIP Code + 4 60462

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business Meals and Promotion

11.b. Approximate dollar value of such dealing.

\$250

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Jeffrey Isaacson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Illinois

ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business Meals and Promotion

11.b. Approximate dollar value of such dealing.

\$300

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Hunt Insurance Agency

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12000 South Harlem Avenue

City Palos Heights

State Illinois ZIP Code + 4 60462

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Net Sales - Spouse's (100% ownership) Business

11.b. Approximate dollar value of such dealing.

\$1,000

12.a. Nature of interest held or income received.

12.b. Amount.

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Blue Cross Blue Shield

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 E. Randolph

City Chicago

State Illinois ZIP Code + 4 60101-5099

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Chicago Regional Council of Carpenters

Trade Name, if any: Welfare Trust Fund

P.O. Box, Bldg., Room No., if any

Street 12 East Erie Street

City Chicago

State Illinois ZIP Code + 4 60611

11.a. Nature of such dealing.

Net Sales spouse's (100% ownership) business

11.b. Approximate dollar value of such dealing.

\$17,000

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Jeffrey Isaacson

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Legacy Professionals LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 4200

Street 30 North LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Business meals and promotion

11.b. Approximate dollar value of such dealing.

\$50

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Jeffrey Isaacson

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Obora Phillips & Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1015

Street 407 South Dearborn Street

City Chicago

State Illinois

ZIP Code + 4 60605

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business meals and promotion

11.b. Approximate dollar value of such dealing.

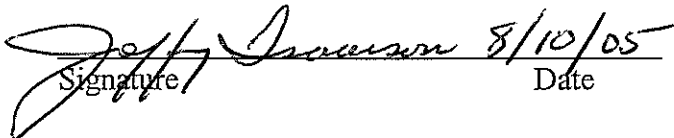
\$150

12.a. Nature of interest held or income received.

12.b. Amount.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

 8/10/05
Signature Date